

CHILD SUPPORT

3

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or file this page

To Get The First Court Order

Part 3: The Court Order

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ESTABLISH COURT ORDER FOR CHILD SUPPORT

PETITIONER OR RESPONDENT

PART 3 -- ORDER AND OTHER COURT PAPERS

How to assemble these documents

This packet contains court forms and instructions to go to the court hearing to Request the court to Establish an Order of Child Support. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRES8t	Table of forms/instructions in this packet	1
2	DRES8k	Checklist to file	1
3	DRS81i	Instructions to complete <i>"Child Support Order"</i>	1
4	DRS81f	<i>"Child Support Order"</i>	4
5	DRS82i	Instructions to complete <i>"Order of Assignment"</i>	1
6	DRS82f	<i>"Order of Assignment"</i>	1
7	DRS89f	<i>"Judgment Data Sheet"</i>	1

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FIRST COURT ORDER FOR CHILD SUPPORT

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You already filed court papers to get a first court order for child support, AND
- ✓ You already served the papers, AND
- ✓ You want a court order to establish child support BUT NOT child custody and visitation

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

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INSTRUCTIONS: HOW TO COMPLETE THE “CHILD SUPPORT ORDER”

Type or print neatly using **BLACK INK ONLY.**

CASE CAPTION

- If you are providing this information to **establish** a child support order, fill in the names and the dates of birth (DOB) of the persons shown as Petitioner and Respondent on the petition to establish child support or to get other relief (divorce, paternity, etc.)
- If you are providing this information to **modify** your current support order, fill in the names and dates of birth (DOB) of the persons shown as Petitioner and Respondent on the order that established the child support.
- Fill in your case number. If you do not have a case number, leave this item blank.
- Fill in your ATLAS number. If you do not have an ATLAS number, leave this item blank.

NUMBERED INSTRUCTION

Match the number of the instruction below to the matching number on the first page of the “***Child Support Order.***”

- (1) Fill in the full name of the mother and the father of the children who are the subject of this “***Child Support Order.***”

Fill in the full name and birth date of all children who are the subject of this “***Child Support Order.***” (Use extra pages if necessary).

LEAVE THE REST OF THE FORM BLANK. THE JUDGE OR COMMISSIONER WILL COMPLETE THE REST OF THE INFORMATION AND SIGN THE ORDER.

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. Mother: _____ and

Father: _____

owe a duty to support the following children:

Child(ren)'s Name(s)

Date of Birth

DO NOT WRITE BELOW THIS LINE. THE COURT PERSONNEL WILL COMPLETE THE FORM.

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. ☐ **Mother** ☐ **Father** is obligated to pay support to: _____

In the amount of: \$ _____ Per Month

Case No. _____

4. Deviation (only in applicable cases)

☐ Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

☐ The Court finds the guidelines amount is inappropriate or unjust because:

☐ Attached written agreement incorporated

☐ Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. ☐ Mother ☐ Father shall pay child support in the amount of: \$ _____

Per Month, to: _____

First payment is due on the 1st day of: _____

2. ☐ Mother ☐ Father owes child support arrears in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

Case No. _____

☐ **Mother** ☐ **Father** shall pay \$ _____ Per Month toward child support arrears until paid in full.

3. ☐ **Mother** ☐ **Father** owes past care and support in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ Per Month toward the past care and support amount until paid in full.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments must include the payor's name, ATLAS number, and Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. The parties shall submit address changes within 10 days of the change.

7. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN

☐ **Mother** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows: **Mother** _____ % **Father** _____ %.

Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

Case No. _____

9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows: **Mother** _____ % **Father** _____ %
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth	Parent Entitled to Deduction	For Calendar Year
	(Month, Day, Year)		
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

IMPORTANT INFORMATION:

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

Pursuant to Arizona Revised Statutes § 25-503(I), the right to get a judgment for unpaid child support ends three years after all children included in the Child Support Order have emancipated. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount before the end of the three-year period. (Limited exceptions exist and are found in A.R.S. § 25-320(B).

Although the obligation to pay support may continue, a child is emancipated:

On the date of the child's marriage
On the child's 18th birthday
When the child is adopted
When the child dies

Date

Judicial Officer

SELF SERVICE CENTER

INSTRUCTIONS: HOW TO COMPLETE AN “ORDER OF ASSIGNMENT”

DEFINITIONS:

- **Obligor** is the person ordered to make support payments.
- **Obligee** is the person or agency entitled to receive support

COMPLETE THIS FORM FOR AN “ORDER OF ASSIGNMENT” IF:

- You have completed a “*Petition for an Ex Parte Assignment*” or
- You have been ordered by the court to prepare an “*Order of Assignment*” or
- You are a party to a case in which the court may establish or modify a support obligation.

HOW TO COMPLETE THIS FORM:

TYPE OR PRINT NEATLY USING **BLACK INK**. Follow the instructions given below. Match each numbered step in the instructions with the item on the “*Order of Assignment*” that has the same number.

- (1) Fill in the name of the person who is shown as the Petitioner on the order that established the support obligation. If there is no order, type or print the name of the person shown as the Petitioner in the original petition filed in the case.
- (2) Fill in the name of the person shown as the Respondent on the order that established the support obligation. If there is no order, type or print the name of the person shown as the Respondent in the original petition filed in the case.
- (3) Fill in the case number that appears on the support order. If the order was issued in a county other than the one where you are filing this request and order, leave this item blank. If you do not have an order establishing a support obligation, leave this item blank.
- (4) Fill in the ATLAS number that appears on the support order. If the order was issued in a county other than the one where you are filing this request and order, leave this item blank. If you do not have an order establishing a support obligation, leave this item blank.
- (5) Fill in the complete name (first, middle and last) and the Social Security Number of the Obligor (the person ordered to make support payments.)

STOP: The Judicial Officer or staff will complete the rest of this page.

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____)
 Petitioner)
 vs.)
 (2) _____)
 Respondent)

(3) Case Number: _____

(4) ATLAS Number: _____

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5) Name: _____ SSN: _____

This order modifies and replaces any previous "Order of Assignment" with the same case number. You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
TOTAL AMOUNT per month	\$ _____, but no more than

50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

This Order of Assignment terminates on the last day of _____, _____ unless it includes an arrearage payment, in which case the total amount listed above shall continue to be withheld until further order.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

Dated this _____ day of _____, 20____.

 Judicial Officer or Clerk of Superior Court

Case No. _____

ATLAS No. _____

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT.
DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE
PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

PERSON TO RECEIVE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address: _____

Phone: _____

Email Address: _____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date: _____			Type of Order: _____		
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous	
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____	
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____	
Due Date _____	Total _____	Total _____	Total _____	Med Bills _____	
	Thru Date _____	Due Date _____	Thru Date _____	Frequency _____	
	Due Date _____		Due Date _____	Due Date _____	